THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.] WEDNESDAY, DECEMBER 26, 1838. [NO. 21.

EFFECTS PRODUCED BY BREATHING CARBONIC ACID GAS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—My time has been so entirely engrossed since I received your note of the 1st inst., that I have not had a leisure moment to send you an answer; and for what I may now send, I am entirely dependent on my memory for the particulars, as I took no notes of the cases.

Between the hours of five and six o'clock, Sunday morning, November 25, I was called to visit two young men, Alva Goodwin and Robert Denvir, employed in the kitchen of Harvard University, the former as a waiter, the latter as a baker, in a state of asphyxia from the respiration of carbonic acid gas. They were found in a state of total insensibility to all external impressions. An iron kettle stood at the foot of their bed, containing some ashes and a few pieces of half-consumed charcoal; and a lamp, placed on a high writing desk, was still burning. Their sleeping room was a small apartment in the basement of University Hall, measuring 10 by 8 feet, and about 8 feet in height. Two sides of this room are very tightly ceiled, and will not admit the passage of air. The other two sides have, at about three feet from the floor, four glass sliding sashes of sixteen lights each, 8 by 12, and a door. Between these sashes there was, on each side of the room, a small aperture—on one side, of one sixth to one eighth of an inch in width; and on the other, of one twelfth of an inch, and the length corresponding to that of the sash. These men were, to appearance, in the same position as when they fell asleep—they were covered—their eyes were closed, but there flowed from their mouths a frothy saliva which was dried on their faces and partly closed their mouths. Their aspect, respiration, pulse, &c. were dissimilar. Denvir's face was suffused and purple, expressive of the most agonized sufferings—the temporal artery distended and prominent—respiration was rapid and sonorous, resembling a groan more than snoring—the pulse moderately full but frequent—the muscles somewhat rigid and contracted—the pupil dilated. Goodwin's appearance was that of calm and tranquil sleep. His countenance was not flushed, but of a pale, leaden aspect. His lips and ears were livid—respiration inaudible at a short distance, was exceedingly short and suffocative, with intervals of suspension. His pulse rapid, but small, and at times almost imperceptible—the pupil contracted, but the retina was sensible to the impression of light—the muscular system relaxed and powerless; in fact, he appeared like one whose functions and powers of the system were almost extinguished.

Finding them in this condition, we freely admitted fresh air—dashed cold water into their faces and over the chest, and immediately had the parts and all the limbs rubbed briskly with hot dry cloths—applied bottles of hot water to their feet and limbs, and after cleansing out their mouths and nostrils and they could swallow, gave them small quantities of warm brandy and water, and occasionally small quantities of spt. ammonia, which was added to their brandy and water. Denvir, who seemed to require venesection the most, was bled first, which afforded some trifling relief to his respiration. Afterwards, failing to rouse the powers of life in Goodwin, and almost against hope, I bled him, with apparent benefit. His pulse rose immediately, and became more distinct—his respiration more full and deep. Continuing the frictions and the application of dry heat, and the administration of small quantities of the stimulating drinks, we gave enemata of salts in solut. and aq. ammonia, which produced free and copious evacuations. At this period Denvir vomited spontaneously, and by his trembling and the rigidity of his muscles, gave indications of his being sensible to the impressions of cold. We had them immediately removed to a long capacious hall, that was well ventilated, and put into dry, warm beds, continuing the frictions, application of heat, &c. In this condition we gave them, at short intervals, slight shocks of electricity through the diaphragm, heart, and body, in different directions. Afterwards we submitted them to slight shocks of galvanism. They were differently affected by this agent. In Denvir it produced powerful muscular contractions, opening of the eyes and groaning; in Goodwin, merely slight spasmodic twitchings. A short time before we applied electricity, we had succeeded in obtaining, by the assistance of certain gentlemen, undergraduates of the University, some oxygen gas, which had been administered to them, either pure or combined with different proportions of atmospheric air, and we continued its use during the rest of Sunday, and a part of the evening, with decided benefit. It changed the livid, purple color of the lips and face to a more florid and healthy appearance. It rendered the pulse more full and regular, and the respiration more natural. They were also cupped at the nape of the neck—put into a warm bath—the spine was rubbed with a preparation of equal parts of spt. turpentine and tinct. flies, and the same was applied to the inside of their legs and ankles, which produced extensive vesication. This was the course of treatment pursued, with, perhaps, some trifling variation, from half past five, A. M. to seven o'clock, P. M.

Sunday Evening.—At this time there was a change in both of them. In Denvir, the agonized and purple countenance had settled into the calm and quiet expression of tranquil sleep. The pulse and respiration had diminished in frequency. The skin had assumed a more natural and healthy appearance, and at different periods since three o'clock he had given repeated indications of returning consciousness. Goodwin's face had now become flushed—his respiration regular, but rapid and laborious, occasionally with a groan—his pulse full, hard and frequent, from 150 to 160 in a minute—burning heat of the skin—pupil more contracted, with a lateral rolling of the eyes with the regularity and precision of the pendulum of a chronometer. This last circumstance was first observed in the afternoon of Sunday, and continued, with but trifling variation, whether the eyes were open or shut, until he expired. A dose of senna and salts was given to each of them late this evening. On Denvir, it produced, the following morning, free and copious evacuations. He came to his consciousness about ten o'clock on Sunday evening. He was restless, and exercised with much pain in his head and limbs during the night, but remained silent, and appeared to notice, with much solicitude, when awake, whatever was done for his fellow sufferer. He passed most of the following day and night in a quiet sleep, and on Tuesday, at eleven o'clock, he was dressed, walked to a carriage at the University steps, and was carried to Charlestown. Since that time he has walked to Cambridge, apparently well.

Goodwin's cathartic did not operate until two or three drops of croton oil had been given, and followed by an enema. On Monday, the morbid reaction not having been subdued by the cathartic, blisters, cold affusions to the head, &c., the temporal artery was divided and five ounces of blood was withdrawn, with little or no effect. The temporal artery on the opposite side was divided on Tuesday morning, with no better success, and he, remaining in the same deep apoplectic sleep as on Sunday evening, the pupil becoming more and more contracted, expired at half past six o'clock on Wednesday evening.

It is truly astonishing that these men were found alive after having been exposed so long to the influence of so fatal and poisonous an agent. That there must have been a large quantity of gas generated, appears highly probable when the quantity of coal that was consumed is taken into consideration. Denvir stated, on Tuesday, after he had perfectly recovered his consciousness and recollection, that on Saturday night, at ten o'clock, he put into an iron kettle a large gravel shovel full of ignited coals from the kitchen fire, upon which he threw four shovels full of fresh charcoal from a basket, and carried it immediately, attended by his bed-fellow, into their sleeping room, and placed it near the foot of the bed. Atmospheric air must have found access into the room, or the lamp would have been extinguished; and the circumstance that the air was admitted into the room on Denvir's side, may be one reason why he was not so severely affected by the gas as his bed-fellow. No doubt his age, and the vigor of his constitution, rendered him more able to resist its power. It is well known that the power of resistance to this narcotic agent appears to be less in youth than in maturer years. Denvir is a remarkably muscular man, with a broad, capacious chest, of temperate habits, nearly twenty-six years of age, and weighs about 150. Goodwin, although of temperate habits, of a fine symmetrical figure, six feet in height, and weighing 180, was not twenty years of age.

Of the different agents employed for their restoration, warmth, friction, electricity and oxygen gas appeared to be the most efficacious. Each exhibition of the last mentioned article gave decided indications of benefit. The warm bath, although applied with the utmost caution in regard to its quantity of heat, &c., was of a doubtful character—it appeared to injure rather than benefit them, particularly Denvir.

And now, dear Sir, I cannot close this hasty, imperfect communication, without expressing my obligation to my friend Dr. Morrill Wyman, of this place, who was called in attendance at the same time with myself, for his assistance and co-operation during the whole of the treatment; and the self-possession, good judgment, and practical skill he there evinced, well worthy of maturer years, excited my highest admiration. And I would also gratefully acknowledge the noble-spirited exertions and assistance of Drs. Webster, Bigelow, Harris and Oliver.

Yours, truly,

Cambridge, Dec. 7, 1838. S. PLYMPTON.

ON THE EVOLUTION OF ORGANIC EXISTENCES.

[Concluded from page 316.]

COMMENCING, as we do, the study of physiology in the more perfect structures, we accustom ourselves to witness a complicated apparatus with every variety of function, and hence very naturally conclude that the latter springs from the former. Did we interpret appearances so far only as to infer that such and such degrees of complications were necessary to the perfection of a functional action in a system where a number of functions are carried on simultaneously, the inference would be legitimate. But we are imposed on by the constant appearance between the organ and function, and the error which we fall into, involves important consequences, in regard to all our reasonings respecting health and disease. Its direct effect is to magnify the importance of anatomy in physiological speculation, and to place that first which should always be second as an element of reasoning. Healthy anatomy should precede healthy function. Morbid anatomy should precede diseased function; and anatomical characters should indicate the kind of function to an extent irreconcilable with reason and fact, according to this view.

For example, the vegetable-eater believing that the stomach was formed for digesting and the teeth for chewing, logically concludes that the capacity of the stomach and the shape of the teeth indicate, with unerring precision, the kind of food adapted to the animal. Hence, because the teeth of man resemble the teeth of the monkey, and the monkey is a vegetable-eater, man must be a vegetable-eater also. The short life of the monkey, compared with that of man, goes for nothing. The superiority of carnivorous animals over herbivorous, and the superiority of these last in proportion as their food is more concentrated, are trifles, when brought in competition with anatomical distinctions. Nor does the facility with which those animals which live on the more concentrated forms of vegetable food become capable of digesting animal food, and vice versa, weigh at all with the vegetable-eater. Because, he says, if God formed man to live on vegetable food, and has made his will manifest by the construction of his digestive organs, every deviation from that mode of life is a violation of God's law, is therefore sin, and at war with man's organization. But no such inference follows necessarily, if we suppose that the organ is formed during the exercise of the function. For though, undoubtedly, great and remarkable anatomical differences would indicate a difference in the kind of food appropriate to the animal, slight ones would not; and the modifying influence of habit would receive a higher estimation. The resemblance between the teeth of the monkey and man, is, for instance, only a part of the general resemblance of his body to the body of man—the consequence of his being the first in the scale of gradation below; and so far from being an indication of the food proper to man, is unworthy to be taken into the account. He lives on vegetable food simply because he can provide himself with it easiest.

Not only are slight anatomical distinctions magnified far beyond their true value, but they are sought for where they do not exist. Physiologists play at blind man's buff and hunt the *slipper* within the cavity of the cranium, when they look for the organs of locomotion or sensation or amativeness. So rigidly orthodox are they in the idea that the brain is an extremely complex organ, that they deem it rank heresy to imagine for a moment that it is little else than a lump of fat floating in water. So rigidly Baconian are they in their method of philosophizing, that they pile their facts one upon another, as a mason builds a stone wall by the job, without taking the precaution to lay the largest rocks at the bottom.* By and bye sprouts up another wall of the same materials and dimensions, and resting on the same foundation. How they will stand together without crowding, is a problem.

Volumes have been written to prove the muscular structure of the iris, of the urethra, and of the coats of the arteries, simply because contractility being a property of muscular fibre, as supposed, that is, the muscles being formed to contract, it is inconceivable that this property can manifest itself where there is no muscular fibre. It is easy to conceive, on the supposition that muscular contraction forms muscular fibre, of tissues existing in certain positions which are neither distinctly muscular nor elastic, but betwixt both. The same kind of action that developes muscular fibre in the intestinal tube, would develope the yellow elastic tissue in an arterial tube between the external and internal coats, or a different tissue in the urethra. That which developes the levator ani might also develope the iris, and a difference in the structures would result, corresponding to the difference in the circumstances.

My reasons for regarding functional action as the cause of organic structure, are briefly these:

1. Every function in the animal economy shows itself previous to the development of the organ. Circulation begins before a vascular system; secretion before a glandular; digestion long before anything like a stomach; and sensation, or something very much like it, before the nervous structure.

2. The office of bone is for its particles to remain at rest; and we find that other structures change into bone, when, from interruption to their function, they have remained long in this state, as in the anchylosis of joints and the inner coats of the arteries in old persons. The vitreous

---

* Gall began his observation of heads without any order or system, except the sense of touch, to guide him.

humor and the retina, when their proper function has not been exercised for a length of time, have been found ossified. In case of fracture, if the fragments be kept at rest, they unite by bone; if allowed to move, they unite by ligament. A ruptured ligament unites by bone if kept at rest to a degree beyond what is natural to it. A ruptured muscle unites by ligament, because it is not capable of performing its function. This ligament approaches more and more to the character of muscular structure, in proportion as the proper function of the muscle is exercised.

3. Serous membranes are found wherever friction is exercised, lining the organs of the cranium, chest and abdomen, the joints, and interposed between the muscles where they move over each other (aponeuroses). Should friction take place abnormally, as in the case of dislocation and the formation of a false joint, or should organic matter be thrown out where friction is natural to the part, as in pleurisy, in either case the serous structure arises de novo, by a law of the economy, and not from any manifest design to adapt the means to the end. In these cases it is plain that friction itself forms them. In severe peritoneal inflammation, such as to put a stop to the natural motions of the bowels, the convolutions of the intestines are sometimes glued together; and the same fact has been witnessed with regard to the convolutions of the brain.

4. The mucous membranes become skin when exposed to the action of the air, and are developed in fistulas and chronic abscesses, as well as in their natural situations. In these instances there can be no doubt that they owe their origin to that process of secretion that is going on in the part; and if in these, why not in all instances?

5. We can understand, on the principle of " means to an end," how a structure should occur in its natural place. But it affords no explanation how that structure should occur out of its place, or be developed in any other part of the body. If the brain was formed for thinking, should not thought take place in encephaloid tumors also? When the testicles or the mammæ undergo the cerebriform degeneration, or the lungs are changed into liver, is it not idle not to suppose that the vital action going on in the preternatural part is as analogous to that of the natural development as the textures are similar?

6. Still less can we understand, if an organ is formed to accomplish the function, how that function, in case of disease of the organ, is performed by other organs vicariously. If the kidneys were formed to secrete urine, then urine should never be secreted except when the kidneys are in their healthy state. Yet does it not make its appearance at other outlets? and is not the same fact true of the other secretions? But if we reverse the maxim, and consider the establishment of the secretion as the first law of the economy, and the evolution of the organ as the work of time by the function, or rather that vital action which accomplishes the function, we can be at no loss to conceive of a metastasis of this action to another part, on the supervention of disease or cause of obstruction in the organ itself.

The increase of the size of an organ by exercise, and of the wasting of it by disease, can only be explained on the supposition that the exercise of the function forms the organ. If the abstract principle that the brain is for thinking and the muscles for contracting, is the determining cause of their formation, there can be no reason, on the one hand, why, in a hemiplegic idiot, the opposite hemisphere of the brain should be reduced to two thirds the size of the other, with a corresponding wasting of the muscles on the paralyzed side—nor, on the other, why the brain of a studious man should increase in size after the body has attained its growth. But if the exercise of the function forms the organ, then it is natural that it should increase the size of the organ, inasmuch as the growth of an organ is owing to the continuation of the action of the same causes that formed it.

Before closing, I would anticipate one or two objections that would naturally rise in the mind from perusing what has been said. If, one may inquire, the external impressions form the animal, how happens it that he is formed in the womb where external impressions do not operate? To this I would reply that production and reproduction are two different things. Reproduction is a process of reflection; the child is a reflection from the parent. Production alone is the result of the action of external impressions.

Another objection is, that these ideas do not harmonize with the account of the formation of man given in the scriptures. To which it may be answered, that precisely the same objections apply to the account of the formation of the earth as revealed by geology. And the mode of replying to these objections by geologists, is as applicable to one case as the other.

The third and last objection which I would notice, and it is the only serious one, is this. Why do we not witness these transitions now? Reasons enough can be assigned for the prevalence of reproduction over transition, as things are now constituted, and perhaps it may be known hereafter that the one takes the place of the other. Insect transformations demonstrate satisfactorily that such transitions are in strict harmony with the laws of nature. What we see is positive—what we do *not* see is negative. The positive fact of transformations alone is of more weight, in a question of this nature, than the negative fact that the specific transitions required are not witnessed at this period of the world.

Boston, Dec., 1838. BENJAMIN HASKELL, M.D.

P. S.—Since the first part of this communication went to press, a case of diseased propensity has been communicated to me, in which there was uncommon venereal appetite, without the power of erection. This case was treated successfully with leeches and revulsives to the posterior part of the head, and thus appears, in the opinion of many, to confirm the doctrines of phrenology. The view that I take of it is this. The loss of power of erection is to the organ concerned, what loss of motion is to a paralyzed limb. The increased activity of the propensity is owing to the same mode of affection of the nerves of the part, as that which produces the morbidly acute sensibility often witnessed in a paralyzed limb. The treatment was adapted to relieve oppression of the brain, without reference to a particular part, and has no more connection with phrenology, as I conceive, than the application of a blister to the nape of the neck to relieve pain in the head in fever, would have with the principles of that science. Such treatment is often successful in paralysis. B. H.

UTERINE HÆMORRHAGE AFTER DELIVERY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Two cases have recently occurred in a neighboring town, which illustrate very impressively the vital importance of a seasonable recognizance of insidious danger.

Happening to be near the place where the first case required attention, I was requested by my friend Dr. B., a respectable accoucheur, to see a lady whom he had delivered two hours previously. The labor was auspicious; the placenta came with ease. She had flowed, but less, to outward appearance, than often happens without alarm or inconvenience. When I arrived, the doctor stated that when he despatched the messenger for me, appearances were somewhat startling. She was cold, faint, pale and pulseless. But she had begun to rally. Her warmth, color and pulse were returning, and improved while I tarried; and we contented ourselves with bandaging, cold applications, &c., and directing that she remain in a recumbent posture, undisturbed by shifting her dress, or otherwise, till further orders. She remained comfortable for some time, but in two hours I was summoned again, and found that the primary prostration had returned, with the addition of great anxiety and distress; and so rapid was her progress to the closing scene, as to afford but a few moments to scan the pathology, or to prescribe.

Pondering on this unexpectedly fatal issue, and feeling no small misgiving that the only effectual measure had been omitted, I could not rest till I had called on the attending physician, and another, his near neighbor, to acquaint them with my after-thoughts; in order that whenever a similar case might require attention, we might have our lamps trimmed and burning. The more I reflected, the clearer it appeared to me, that the hæmorrhage, instead of showing itself outwardly, served only to accumulate coagula in the womb, thus distending it and inducing a torpor, preventing that important contraction so necessary to close its patulent vessels, and also to restore that energy to the system which, as I believe, is prostrated, not only by the loss of blood, but also by the anomalous sensations and torpor induced through the system by its sympathy with that delicate organ, thus burthened with an incubus which it has lost its power to expel. My endeavor was to impress their minds, as well as my own, with the vital importance of removing the coagula, by which act the hindrance to the contraction is obviated, and the mechanical irritation so well suited to induce the expulsive effort and closure, by boldly, though gradually and prudently, passing the whole hand, insinuating one finger after another, through the os uteri, and thoroughly clearing it of its burthen.

A few days after this sad event, the neighbor of my friend, who shared in our conference, was in attendance in a similar case, equally threatening. Disappointed by the failure of ordinary remedies, and wide awake to the late lesson, while the patient lay cold, faint, pale and pulseless, he introduced his hand, as above suggested. A powerful expulsive throw assisted him in clearing the womb. The patient presently roused, as from the silence of death, and exclaimed, with energy, "I feel much better," and her recovery from that moment was perfectly auspicious.

Since the year 1790 I have, in my own practice and in assisting others, met with nearly twenty cases of retained placenta by hour-glass contraction, where it was necessary to introduce not only the hand, but sometimes most of the arm, which operation Burns speaks of as so formidable. But whatever agitation or complaint it excites in the patient, it is soon over, and the result has always been happy, except in a solitary instance. The accoucheur had detached the funis, and, baffled in his endeavors to gain the placenta, sent five miles for my assistance. On my arrival I found her gasping from the almost total loss of blood. I removed the cause forthwith. The flooding ceased, but the vital fluid was already exhausted beyond recovery.

My brother reminded me that Denman discourages the practice of introducing the hand; but as his (Denman's) *prudence* had never allowed him, according to his own confession, to make the trial, I must consider him an incompetent adviser.

However destitute of originality these suggestions may be, if you insert them in your useful Journal they may meet the eye of some who may not otherwise be so well prepared to meet the exigences of such a case; and all the difference between death and life may be the happy result. We need line upon line, precept upon precept; and if one life may be saved by this humble communication, it will richly reward your trouble and that of your humble servant, JOSEPH TORREY.

Salem, Dec. 10, 1838.

DIVISION OF THE ADDUCTOR LONGUS FEMORIS MUSCLE.

[THE following account of the successful division of the adductor longus femoris muscle, for deformity and consequent loss of motion in the inferior extremity, is from the December number of the Southern Medical and Surgical Journal. We are indebted to the politeness of the editor of that Journal for the sheets containing this interesting case, which were received some weeks since, in advance of the publication of the number; but on account of the crowded state of our pages, we have been unable to copy the article till now. The operator was Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia. The operation is a rare one, and Dr. E. deserves much credit for the skill shown in his performance of it.]

The history of my patient previous to his application to me, is presented in the following letter:—"From infancy to fourteen years of age, I was strong, active and remarkably healthy, and of good constitution. When fourteen, or about that period of life, I practised night-hunting to a great extent, and occasionally fishing; would sometimes lay on wet ground, or remain on the bank of muddy creeks, all night. In the month of February, 1829, I felt, one evening, an aching in the left side of my shin-bone, and a sharp ketch on the inside of my thigh, with acute pain whenever I moved off a high step. At night the contraction in my thigh became very violent, and the pain extended from the groin to the knee. The first two or three weeks of the attack, the suffering was so excruciating that it rendered me almost senseless. At the expiration of this time, the pain gradually moderated. I lay on my back with my legs drawn half up for four months, without my position being altered; after which I was able to be turned on my right side, with a pillow between my knees. At the end of six months the pains entirely subsided, but left me drawn up as before described. I was now lifted out of bed, and gradually improving, I ventured to use crutches. The contraction was such that for a long time I could apply only one half of my left foot to the ground—it was about eighteen months before I walked at all without a stick.

"During the first year I was up there came a small ulcer or sore, discharging bloody matter, just below the left buttock. I attributed it to my sitting so much.

"In the commencement of the attack, Dr. Alexander Jones, then of Lexington, Geo., was my physician. I have also applied a multiplicity of remedies to my thigh, but all to no purpose. I at length resolved to let nature take her course, and for the first five years I made considerable improvement, though it was always with great inconvenience, stiffness, soreness and pain, that I took exercise. For the last three years, I have been pretty much upon a stand; if anything, getting worse.

"It has now been more than eight years since this disease has been seated in my left hip or thigh, and I have not been able, for the time mentioned, to ride a horse half a day without great soreness and contraction of the limb affected, apparently shortened at times two or three inches. I have also not been able to walk half a mile without debility, and the least exercise would produce great suffering. I walk with my foot turned in, which increases more and more as I exercise.

Oct. 21*st*, 1838. Signed, ALLEN A. BEALL."

On the 30th of May last, having procured a suitable place for my patient, I made a minute examination of his case. He had a considerable limp in walking, more especially when he commenced to walk, and invariably used a stick. He is a very muscular and robust man, aged 22. His left extremity was full one inch shorter than the other, nor when placed in the horizontal position, would traction reduce it much. Both the thigh and leg are much smaller than the right. The foot was turned inwards, and the whole limb inclined in this direction. The foot could not be carried out farther than about twelve inches from the median line of the body. There was a small depression and a round cicatrix near to the left ischium. In the internal and upper third of the thigh there was a *hard substance*, feeling like a hempen rope, situated just under the skin. It was about four inches long by one and a half broad. However relaxed the thigh might be made, this diseased mass still presented the same resisting, insensible, cartilaginous hardness. It could be isolated from the surrounding tissues, all of which appeared to be normal. It was taken for a fibrous degeneration of the adductor longus femoris muscle. The shortening of the limb was attributed to the permanent disorganization of this muscle, with the inclination of the pelvis from long habit. There was no symptom of disease in the hip-joint.

Before resorting to an operation, it was deemed prudent to place Mr. Beall upon a treatment, with the view of effecting some change, or of ascertaining something of the nature of his disease. This consisted chiefly in the use of warm bathing, heated vapor, and the most stimulating liniment, which were continued for about twenty days, without producing any appreciable benefit. Mr. B. then left for his home in the interior of Georgia, to make his arrangements for the operation which had at first been proposed to him.

He again called upon me early in October, and submitted to the operation the 9th of this month. Assisted by Professors Dugas and Newton, an incision was made, commencing at the pubis and cutting upon the internal edge of the affected muscle, and extending it about five inches, in a semilunar direction. The surface of the adductor longus was then exposed, and cautiously divided with the knife and a pair of scissors, about three inches below its origin from the pubis. The upper portion was found to be converted into a fibrous tissue, which slightly grated under the knife, but the portion below the section contracted, so as to separate the cut edges of the muscle about an inch. Its degeneration, therefore, did not extend throughout its whole length, but the muscular tissue appeared to be healthy an inch below where it was divided in its course to be inserted into the os femoris. We removed from the upper portion a small section for a pathological specimen. Two small arteries required a ligature. The wound in the skin was closed by adhesive plaster, and a compress and roller completed the dressing. The patient was put to bed, and a two pound weight attached the next morning to the left foot, and allowed to hang out of the bed-clothes over the back of a chair, so as to make traction in a horizontal direction.

There was no material alteration in the length of the limb until the next day, when it commenced gradually elongating, so that when dressed on the fourth day after the operation, the difference between the two lower extremities did not exceed a quarter of an inch. At the end of a week, even this difference had disappeared, and Mr. Beall commenced using the limb. His friends, Dr. Wm. Butts, of Warrenton, and Dr. Joel Branham, of Eatonton, visited him during the second week of his confinement, and did not remark any difference in the length of the two extremities. On the 15th day after the operation my patient was out in the streets walking about, with scarcely any impediment; and on the 28th of October, the 19th day since the division of the muscle, he returned home on the Georgia railroad.

The left inferior extremity has not only been restored to its original length, but all its motions have been so far regained that the patient, before his departure from the city, could turn the foot and carry the leg and thigh outward to nearly the same extent and almost with as much freedom as on the sound side; he was daily improving in these respects, and is in a fair way of realizing from the operation all the benefits that had been proposed.

Supposing the disease for which the operation was performed, in this case, to have been the result of acute rheumatism, may not similar cases be relieved by *surgical*, in addition to medicinal treatment?

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 26, 1838.

MASTURBATION.*

M. Deslandes's book has been read in this country and in England, till now, in the French language only. Messrs. Otis, Broaders & Co. have given the public a translation of this celebrated work, which was originally, as at present, designed to be studied by all classes of persons. After having examined it, we are constrained to confess that we were wholly ignorant of the amount of this polluting vice represented there. It is the accompaniment of civilization and refinement, as well as low life and ignorance. Physicians of extensive observation, and superintendents of establishments for the moral management of lunatics, concur in assuring us that the canker-worm of death is gnawing at the vitals of many youth of all ages, in all countries too, as portrayed by the author. Writers, with a few exceptions, are wanting in courage to depict the deplorable evils arising from self-pollution and other excesses. Important as it is that knowledge should be extensively diffused, on this forbidding topic, we cannot repress an instinctive delicacy of feeling which will not allow us to speak out with a decided tone of boldness. It is desirable, however, that medical practitioners should peruse this volume—for it will obviously prove a guide to a series of mysterious symptoms, and solve extraordinary problems in pathology. Before going to press, the text was thoroughly revised, and considerable matter added, by an eminent physician of the United States. That it is a necessary essay for the library of the practitioner, admits of no arguments—but how to introduce it to all the world, of both sexes, is the query: and unless it is thus circulated, how are sufferers to be warned of their danger? How are debasing, polluting habits to be overcome? In a word, how are the ignorant to be instructed? If it were once freely circulated, the tendency would be beneficial, because, like an alarm gun, it would give warning in season to avert a threatening danger. It might thus drive away a fiend that would ruin soul and body at the same instant, and blight the dawn of life before the individual is conscious of his duty to himself, to society or his Maker.

Improvement in Artificial Teeth.—When speaking, the other day, of Dr. Tucker's improvement in constructing mineral teeth in blocks, we were not acquainted with the fact that any other dentist, in this or other cities, had practised upon a similar plan. It will be seen by the following note from a much esteemed friend, Dr. Gray, that Dr. Flagg, as well as himself, has manufactured and inserted teeth in that way, for a considerable time. The specimen left for inspection by Dr. Gray, is, indeed, proof positive. The imitation of natore's work is truly admirable. We are by no means a stranger to the reputation of Dr. Flagg or our correspondent, and therefore expressly desire to make it manifest that we have no partiality whatever—but feel a proud satisfaction in being able to give unqualified testimony to the high, scientific, and mechanical attainments of the regularly educated dentists of Boston. By comparing Dr. Gray's gold plate for the upper jaw, we observe that the rivets are perpendicular, but in Dr. Tucker's they are horizontal. Of the merits of these two plans, those better acquainted with good and substantial dental work than our ourselves, must decide.

---

* A Treatise on the diseases produced by onanism, masturbation, self-pollution, and other excesses. By L. Deslandes, M.D., &c. Translated from the French, with many additions. Boston: Otis, Broaders & Co. Pp. 252.

Dear Sir,—Your notice, in a recent number of the Medical and Surgical Journal, of artificial mineral teeth "made in blocks of two or three together, with a most perfect imitation of the gum," as a recent improvement by Dr. Tucker, has just met my eye. Without wishing in the least to detract from the merits of that distinguished dentist, I herewith send you a specimen that I made two years since in *the manner you describe*, excepting that instead of "blocks of two or three together," an entire upper or lower set is completed in three blocks, which better preserves the continuity of the gum. This block (and I have set several since it was made) was made under the direction of my highly esteemed friend and instructer, Dr. N. C. Keep, who, with Dr. Flagg, has long made them in this way in those cases where this mode is applicable. The new mode, that you mention, of securing them to the plate, I have never seen employed, and have never found the difficulty that you represent it as designed to obviate.

If you hold these teeth against the light with a newly extracted tooth, and compare them, you will find little or no difference in the degree of translucency between the natural and artificial tooth—a point which is among the most rare and difficult of attainment, and which I believe to be entirely unapproached by any other artificial teeth yet made. The imitation of the bone of the tooth dipping into and surrounded by its enamel, I think you will also find surprisingly accurate. The honor of carrying the art to this degree of perfection is due to the justly eminent dentists I have mentioned.

The distinguished gentlemen *you* speak of, have won so many laurels, and so well deserve them, that they will hardly wonder that their professional brethren should be unwilling silently to resign to them their own just pretensions; especially those who, like myself, having no claim whatever to the honor of the discovery, have, however, the humble but practical pretension of having availed myself of it for the last two years.

Very truly, my dear Sir, I am your obt. sert., THOS. GRAY, JR.

Medical and Physiological Commentaries.—Martyn Paine, M.D., Professor of the Theory and Practice of Medicine in the University of New York, will soon put to press a work with the above title, in two large octavo volumes, of six hundred pages each—the price of which will be six dollars to subscribers. The publisher is Mr. George Adlard, 46 Broad-way, New York. Messrs. Otis, Broaders & Co., and Weeks, Jordan & Co., Boston, also receive subscriptions. In order that the profession may understand the author's scheme, we are induced to copy a part of the prospectus.

"The subjects examined relate to obscure and controverted questions in pathology, and embrace a critical review of some of the most important doctrines in physiology and medicine. The pathology of venous congestion; the philosophy of the operation of bloodletting—its practical application, and the philosophical and practical distinctions betwixt general bloodletting, cupping and leeching; general views of the treatment of inflammations and venous congestion; the existing theories of inflammation, and how far inflammation is concerned in structural changes; the humoral pathology, and an examination of opinions thereon; examination of views in relation to the laws of vitality; inquiry into the comparative merits of the Hippocratic and anatomical schools; examination of M. Louis's works on typhoid fever, and bloodletting, and of his numerical system and inductions; examination of Marshall Hall on bloodletting and irritation from the loss of blood; the philosophy of animal heat, especially in reference to the inductions of Dr. Edwards, with some new experiments; the laws which govern venous circulation; the application of chemistry to the philosophy of the vital functions and their results; and the theory of digestion, are among the subjects."

Diseases of Infants.—Mr. Adlard proposes to publish, also by subscription, a treatise on the diseases of infants, by C. M. Billard, of the medical faculty of Paris. The translation has been made by James Stewart, M.D. of New York, who will add to its original value by practical notes. When completed it will form an octavo of six hundred pages—at the price of $3,00 to subscribers. This may also be procured of Weeks, Jordan & Co., and Otis, Broaders & Co., Washington street, Boston.

Albany Medical College.—Such is the enterprise of the founders of this new institution, that all well wishers to the progress of science will be gratified to know that the prospects of the usefulness of the College are most cheering. Although completely in its infancy, the organization of the several departments has received the approbation of the public.

Experience in Medicine.—After a long medico-literary dearth, new works begin to flow in with considerable rapidity. Amongst others we acknowledge a copy of an introductory lecture lately delivered at the Louisville Medical Institute, by Henry Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children, which is worthy of a more thorough examination than we can give it the present week. The success of the new college is certain, while the corporation have the discernment to secure a board of faculty capable of pronouncing discourses like the one lying before us, with the above title.

Medical School of the University of New York.—Thus far we learn, officially, that the council have made the following judicious appointments, viz.—Physiology, Dr. A. Sidney Doane; Surgery, Dr. William Parker; Chemistry, Dr. Draper; Operative Surgery and Surgical

Anatomy, Dr. J. C. Beals; Hygiene, Dr. Caleb Ticknor; Clinical Midwifery, Dr. McVickar; Pathological Anatomy, Dr. Clark; Clinical Surgery, Dr. Watson. The board of faculty is not yet complete—several important chairs still remaining to be filled.

Medical Miscellany.—The last No. of the Southern Medical and Surgical Journal contains the whole of Dr. Hooker's essay on the circulation and respiration, from our pages, with a highly commendatory introduction by the editor. No. 3, by the way, is the first No. we have received of the third volume of that valuable periodical.—The large number of cases admitted to the hospitals in the East Indies can hardly be credited by those among us who do not take into account the extreme destitution of many of the natives of those countries. The annual report of the surgical and medical cases in the Central Hospital and Hospital of Surgery, in Calcutta, now before us in the India Journal, shows the total number, from 17th December, 1836, to 28th December, 1837, of medical diseases, to be 5233; ophthalmic diseases, 2217; surgical diseases (including 1715 of syphilis), 6721—making a total of 14,171 in little more than one year. And in this list, those laboring under incurable diseases, and those who absconded, are not included.—It is mentioned in the India Journal that two or three cases of spontaneous small-pox have occurred in a jail at Gowalparah, and that the matter taken from these cases produced a vesicle resembling cowpox, attended with much fever, but *no general eruption.*

To Correspondents.—Dr. Putnam's note was too late for this No. of the Journal. He will accept our thanks for his kindness in relation to the contents. —A paper on American Dentistry and another on Lithotripsy, are before the compositor.—The letter from Louisville, Ky., dated Dec 2d, has but just arrived. If possible to procure the article, Professor Flint shall be accommodated forthwith.

Whole number of deaths in Boston for the week ending Dec. 22, 28. Males, 11—females, 17.

Of consumption, 6—dropsy, 1—measles, 3—marasmus, 1—scarlet fever, 3—scrofula, 1—disease of the heart, 1—apoplexy, 1—intemperance, 1—infantile, 1—diarrhœa, 1—burn, 2—old age, 2—typhous fever, 2—stillborn, 1.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and whereopportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 *Belknap Street*, *Boston*. Patients from a distance can be accommodated with board in the immediate neighborhood.
JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by - - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by - - - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by - - - - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by - - - - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by - - - - - -	DAVID M. M'LACHLAN, M.D.
Medical Jurisprudence, by - - - - - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is $65. Graduation fee, $20. Matriculation fee, $5. Dissecting fee, $5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from $2,50 to $3,00 per week.

Albany, 1838. O31* J. H. ARMSBY, *Dean of the Faculty.*

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrume[illegible] in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Tru[illegible] my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED,
24 Merchants Row, Boston.

Jan. 3. 1yreop

MEDICAL ALMANAC and Pocket and Memorandum Book for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, copies cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1-2 cts. Dec. 19.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance, $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.